

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1068  
Registrar's No. 28

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Cameron City, Missouri  
(c) Name of hospital or institution: Trinity Lutheran  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community 25 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Turner

3. (b) If veteran, name was No 3. (c) Social Security No. No

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Nov. 20 1877  
(Month) (Day) (Year)

8. AGE: Years 60 Months 63 Days 0 If less than one day 13 hr. — min.

9. Birthplace Caldwell Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Water Sup't.

11. Industry or business Cameron, Mo.

12. Name William Turner

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Corinda Cation

15. Birthplace No. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Herbert Lovell

(b) Address Cameron, Missouri

17. (a) Burial (b) Date thereof 1-5-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron

18. (a) Signature of funeral director W. J. Paland

(b) Address Cameron, Missouri

19. (a) 1-3-41 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. W. Prairie  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1, Day 2, Year 1941  
hour 6 minute 41 M.

21. I hereby certify that I attended the deceased from 12-23-40 to 12-2, 1941

that I last saw him alive on —, 19—; and that death occurred on the date and hour stated above.

Immediate cause of death ruptured descending aorta - ruptured

Due to into the atherosclerosis

Due to first seen on X-rays '39

Other conditions (Include pregnancy within 3 months of death) 96

Major findings: Of operations —

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

(Specify type of place) (e) Means of injury —

While at work? —

23. Signature Dr. C. C. Canone (M. D. or other) —

Address 731 1/2 1st St. S.E. Date signed —

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jimmy Scott Hucks  
Licensed Embalmer No. 4092

P. O. Address Cameron, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.